

# Work Order ID 92452

Monday, October 29, 2012 3:10:50 PM

**\*92452\***

Page 1

Item ID: D4726-1

Accept

**\*N9000040100\***

Setup Start

**\*NS1\***

Revision ID:

Item Name: Handle

Stop

**\*NS2\***

Start Date: 10/29/2012 Start Qty: 2.00

**\*2\***

Cust Item ID:

Required Date: 11/2/2012 Req'd Qty: 2.00

**\*2\***

Customer:

Reference:

Approvals:

Process Plan: MF

Date: 12-10-29

Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Run Start

**\*NR1\***

Stop

**\*NR2\***

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

Draw Nbr

Revision Nbr

D4726

A

100

Cut blanks as per folio

0.00

**\*100\***

Bandsaw

Memo

0.00

Jeaspa Bandsaw

CUT BLANK AT 1.625"

110

0.00

**\*110\***

HAAS I

Memo

0.00

HAAS CNC vertical machine #1

MACHINE AS PER DWG & FOLIO FB132

FOLIO REV: AA

DWG REV: A

DEBURR

DAS  
08  
9-89

12/10/30

2

0

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng.	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

**FAULT CATEGORY**

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

**Work Order ID 92452****\*92452\***

Page 2

Monday, October 29, 2012 3:10:50 PM

Item ID: D4726-1

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Item Name: Handle

Stop **\*NS2\***

Start Date: 10/29/2012 Start Qty: 2.00

**\*2\***

Cust Item ID:

Required Date: 11/2/2012 Req'd Qty: 2.00

**\*2\***

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start **\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop **\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

120

QC2- Inspect parts off machine FAI/FAIB

0.00

**\*120\***

QC

Memo

0.00

Quality Control

DA  
108  
2-89 12/10/30

2

0

130

QC8- Inspect parts - second check

0.00

**\*130\***

QC

Memo

0.00

Quality Control

12/10/30

2

0

132

Outsource process-Anodize per QSI017 4.1.10.1

0.00

**\*132\***

Outsource4

Memo

0.00

Outsource process - Anodize

P/O: 18295

CL 12/10/31

(2)

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
<b>FAULT CATEGORY</b>											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other		

# Work Order ID 92452

Monday, October 29, 2012 3:10:50 PM

**\*92452\***

Page 3

Item ID: D4726-1

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Item Name: Handle

Stop **\*NS2\***

Start Date: 10/29/2012 Start Qty: 2.00 **\*2\***

Cust Item ID:

Required Date: 11/2/2012 Req'd Qty: 2.00 **\*2\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
134	Receive & Inspect for Damage & Mat'l Certs	0.00							
<b>*134*</b>									
Packaging	Memo	0.00							
Packaging									
136	QC3- Inspect Part Finish	0.00							
<b>*136*</b>									
QC	Memo	0.00							
Quality Control									
140	Identify as per dwg & Stock Location: _____	0.00							
<b>*140*</b>									
Packaging	Memo	0.00							
Packaging									

MP 12-11-01

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width:100%; border: none;"> <tr> <td style="width:25%;">Skid-tube <input type="checkbox"/></td> <td style="width:25%;">Crosstube <input type="checkbox"/></td> <td style="width:25%;">Water Jet <input type="checkbox"/></td> <td style="width:25%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>						Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>																								
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>																								
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>																								
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																									
<b>Root Cause</b>	<b>Date</b>	<b>Step</b>	<b>Qty</b>	<b>Description of work order update or Non-conformance</b>	<b>Initial Chief Eng</b>	<b>Action Description</b>	<b>Sign &amp; Date</b>	<b>Verification</b>	<b>QC Inspector</b>																		
Doc/Data <input type="checkbox"/>																											
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Supplier <input type="checkbox"/>																											
Training <input type="checkbox"/>																											
Unapproved <input type="checkbox"/>																											

FAULT CATEGORY				
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other	

**Work Order ID 92452****\*92452\***

Page 4

Item ID: D4726-1

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Item Name: Handle

Stop **\*NS2\***

Start Date: 10/29/2012 Start Qty: 2.00

**\*2\***

Cust Item ID:

Required Date: 11/2/2012 Req'd Qty: 2.00

**\*2\***

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start **\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop **\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

150

QC21- Final Inspection - Work Order Release

0.00


**\*150\***

QC

Memo

0.00

Quality Control

12/11/5 MK  
12-11-01

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	<b>Date</b>	<b>Step</b>	<b>Qty</b>	<b>Description of work order update or Non-conformance</b>	<b>Initial Chief Eng</b>	<b>Action Description</b>	<b>Sign &amp; Date</b>	<b>Verification</b>	<b>QC Inspector</b>		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											

FAULT CATEGORY				
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other



# Picklist Print

Monday, October 29, 2012 3:10:50 PM

Page 1

Work Order ID: 92452

Parent Item: D4726-1

Parent Item Name: Handle

Start Date: 10/29/2012

Required Date: 11/2/2012

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP REV:A 12.10.16 AS PER DWG REV.A DD VERF:JFS

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M6061T6B0.750X02.000 6061-T6 Bar .750 x 2.00		Purchased	No				f	28.5000		0.36			

Location	Loc Qty	Loc Code
MAT002	12	
122753	12	
MAT003	16.5	
123135	16.5	

0.36

OK 12/10/29

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

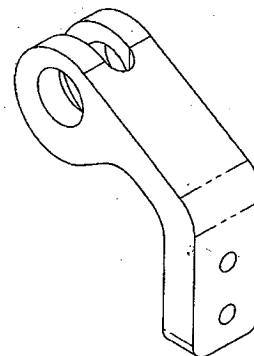
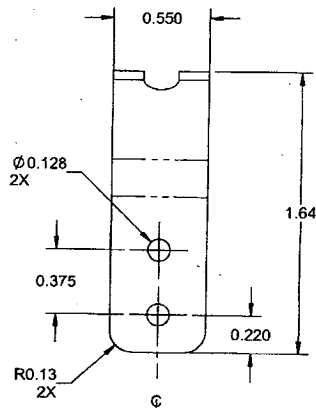
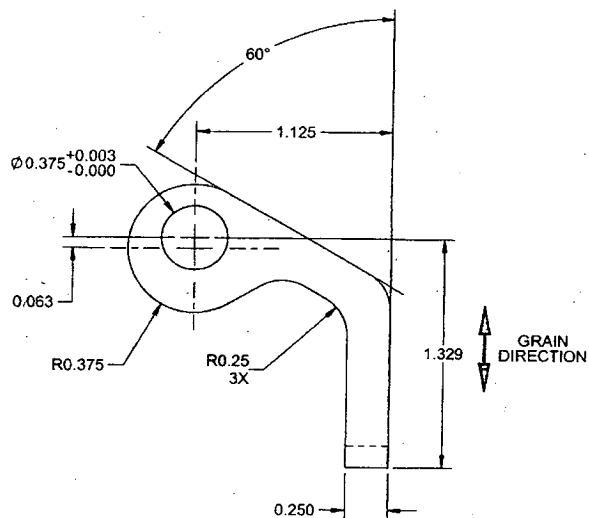
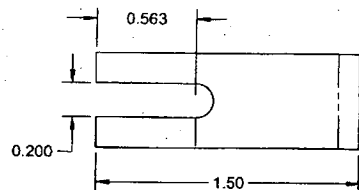
QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

**FAULT CATEGORY**

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other



# **D4726-1 HANDLE**

## **NOTES:**

- 1) MATERIAL: ALUMINUM, 6061-T6/T651 PER QQ-A-200/8 OR QQ-A-225/8 OR ASTM B211 OR ASTM B221
- 2) FINISH: BLACK ANODIZE PER MIL-8625F, TYPE III, CLASS 2
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D4726-1" AND B/N "BXXXXX" PER QSI 044 6.7
- 7) WEIGHT: 0.04 lbs
- 8) ALL NON DIMENSIONED FEATURES PER DWG FILE "D4726-1-REVA.STP"

A		NEW ISSUE				RP	12.09.19
REV.		DESCRIPTION				BY	DATE
DESIGN		RP	DART AEROSPACE USA, INC.				
DRAWN		RP	KENT, WA				
CHECKED		AP	DRAWING NO.				REV. A
MFG. APPR.		MP	D4726				SHEET 1 OF 1
APPROVED		MP	TITLE				SCALE
DE APPR.		MP	HANDLE				NTS
DATE		12.09.19	COPYRIGHT © 2012 BY DART AEROSPACE USA, INC. THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR REPRODUCED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE USA, INC.				

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NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b> Doc/Data <input type="checkbox"/> Equip/Tooling <input type="checkbox"/> Operator <input type="checkbox"/> Material <input type="checkbox"/> Setup <input type="checkbox"/> Other <input type="checkbox"/> Process <input type="checkbox"/> Supplier <input type="checkbox"/> Training <input type="checkbox"/> Unapproved <input type="checkbox"/>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Empty table body for the main grid											

FAULT CATEGORY											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other		

<b>DART AEROSPACE LTD</b>	<b>Work Order:</b> 92452
<b>Description:</b> HANDLE	<b>Part Number:</b> D4726-1
<b>Inspection Dwg:</b> D4726 Rev: A	<b>Page 1 of 1</b>

### FIRST ARTICLE INSPECTION CHECKLIST

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
0.563	+/- .010	0.570	✓		H-G	31006
0.200	+/- .010	0.200	✓		Vern	GA-01
φ 0.375	+ .003 / - 0.000	φ 0.3765	✓		"	"
0.063	+/- .010	0.063	✓		H-G	31006
R0.375	+/- .010	R0.375	✓		R-G	ref.
R0.25	+/- .030	R0.250	✓		"	"
0.250	+/- .010	0.251	✓		Vern	GA-01
1.329	+/- .010	1.329	✓		H-G	31006
1.125	+/- .010	1.127	✓		"	"
60°	+/- 1/2°	60°	✓		Angle Meter	CNC-03
0.550	+/- .010	0.548	✓		Vern	GA-01
φ 0.128	+ .005 / - .001	φ 0.129	✓		"	"
0.375	+/- .010	0.375	✓		"	"
R0.13	+/- .030	R0.125	✓		R-G	ref.
0.220	+/- .010	0.221	✓		Vern	GA-01
1.64	+/- .030	1.642	✓		H-G	31006
1.50	+/- .030	1.501	✓		Vern	SL08

<b>Measured by:</b> 08	<b>Audited by:</b> <i>SS</i>	<b>Preliminary Approval:</b>
<b>Date:</b> 12/10/30	<b>Date:</b> 12/10/30	<b>Date:</b>

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

*10.04.15*

10-12



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID PO18295

Purchase Order Date 10/31/12

PO Print Date 10/31/12

Page Number 1 of 2

Order From :

VC-ATG001

A.T.G. INDUSTRIES INC.  
731 INDUSTRIELLE ROAD  
ROCKLAND, ON K4K 1T2  
CANADA

Contact Name  
Vendor Phone 613-446-4544  
Vendor Fax 613-446-4556  
Vendor Account Nbr

Buyer Chantal Lavoie  
Requisition Nbr  
Tax Resale Nbr 10127-2607  
Terms Net 30  
Currency CAD  
FOB Destination-Collect

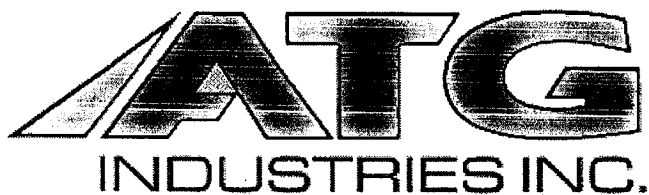
Ship To : DART AEROSPACE LTD 1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	92452	D4726-1 HANDLE	11/09/12 Yes	2.00	Dart Truck	\$50.0000	\$100.00
		Special Inst:	FINISH: BLACK ANODIZE PER MIL-8625F, TYPE III, CALSS 2				
2	92006	647.1712 GUSSET	11/09/12 Yes	4.00	Dart Truck	\$0.0000	\$0.00
		Special Inst:	FINISH: HARD BLACK ANODIZE AS PER IAW MIL-A-8625, TYPE III, CLASS 2				
3	90584	647.4713 BRACKET	11/09/12 Yes	50.00	Dart Truck	\$0.0000	\$0.00
		Special Inst:	FINISH: HARD BLACK ANODIZE AS PER IAW MIL-A-8625, TYPE III, CLASS 2				
4	91895	647.2010 STRUT	11/09/12 Yes	47.00	Dart Truck	\$0.0000	\$0.00

No substitution or deviation without  
consent.  
Certificate of Conformity or Material  
Certification required YES NO

Change Nbr: 1

Change Date: 10/31/12



A.T.G. Industries Inc.  
731, rue Industrielle Rd.  
PLATING DEPARTMENT  
Rockland, On K4K 1T2  
Canada  
Ph: (613) 446-4544  
Fax: (613) 446-4556

### Pack List

Number: 62021

Date: 01-Nov-12

To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ship To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via	
Quantity	Description		
2 ea	Part: D4726-1 HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 Job: 20120670	Rev:  PO: PO18295	Line:
<p align="center">Certificate of Conformance</p> <p>A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.</p> <p align="center">ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY</p> <p>DATE: <u>1/11/12</u></p> <p>CERTIFIED SIGNATURE: <u><i>MM</i></u></p> <p>RECEIVER SIGNATURE: _____</p>			



# Receiving Report

Date: 12/9/25  
Supplier: CAMP1

Batch No: 1123135  
Dart P/O: 17925

Packing Slip: Yes ☒ No ☐  
Invoice: Yes ☐ No ☒  
Receipt: Cash ☐ Cr ☒

Release Note Attached: Yes ☒ No ☐ N/A ☐  
Waybill Attached: Yes ☐ No ☒  
Shipment Complete: Yes ☒ No ☐ N/A ☐  
QC6 Inspection ☒ N/A ☐  
Work Order ☒ N/A ☒

## Discrepancies

Part Number	Description	Quantity Ordered	Quantity Received	Quantity Returned	Quantity Short	Comments

Initials of receiver (if shipment OK) Level 12 [Signature]

Production/Admin: 12/9/25  
Date  
Received/Costing  
Initial

Location \_\_\_\_\_

H:\FORMS\Purchasing\approved purch\RECREPORT Rev D

## Purchase Order Receipt Listing

Monday, September 24, 2012 9:06:34 AM

All Vendors PO ID PO17925 Receipt Dates from 9/24/2012 to 9/24/2012 All Line  
All Item ID/GL/WOs All Rec. Employees All Currencies  
Grouped by Vendor ID

Purchase Order ID/ Curr Type	Line Nbr/ Insp	Project ID	Reference/ Description/ Cert Std	PO U/M / Stock U/M	Required Date Required Qty	Rec
Vendor ID/Vendor Name	VC-CAM002	Campi Steel				
PO17925	1	No	M6061T6S.063	sf	9/24/2012 9/2	
CAD			6061-T6 .063 Sheet	sf	256.0000	D
			123135			
	2	No	M6061T6S.032	sf	9/24/2012 9/2	
			6061-T6 Sheet 0.032"	sf	96.0000	D
			123135			
	3	No	M6061T6S.080	sf	9/24/2012 9/2	
			6061-T6 .080 Sheet	sf	192.0000	D
			123135			
	4	No	M6061T6B0.750X02. f	f	9/24/2012 9/2	
			000		20.0000	D
			6061-T6 Bar .750 x	f		
			2.00			
			123135			
	5	No	M304S26GA	sf	9/24/2012 9/2	
			304/316 0.018	sf	256.0000	D
			SHEET			
			123135			

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other



935, boul. du Havre  
Valleyfield (Québec)  
J6S 5L1

ONE : 450 377-4248  
450 377-5696

MONTREAL : 514 336-4248  
FAX : 514 336-4246

53147 83310  
DISTRIBUTEUR D'ACIER ET MÉTAUX SPÉCIALISÉS  
STEEL AND SPECIALTY METALS DISTRIBUTOR

ONTARIO : 1 800 667-4248  
FAX : 1 866 456-4242

On a du Savoir "FER"

VENDU À / SOLD TO:

EXPÉDIEZ À / SHIP TO:

613-632-5200

613-632-1053

DART AEROSPACE LTD  
1270 ABERDEEN STREET  
HAWKESBURY,  
ONTARIO  
L6A 1K7

DART AEROSPACE LTD  
1270 ABERDEEN STREET  
HAWKESBURY,  
ONTARIO  
L6A 1K7

COMMANDE N°  
ORDER 205025

DATE 18/09/12

BON DE LIVRAISON N°  
PACKING SLIP

DATE DE LIVRAISON  
DELIVERY DATE 21/09/12

VOTRE N° DE COMMANDE / YOUR P.O. N°	VEND. / SALES	CODE CLIENT / CUST. CODE	EXPÉDIE PAR / SHIP VIA	TERMES / TERMS	TERR.	REMARQUES / REMARKS	PAGE N°
P017925	V	DAER		NET 30 JOURS	2R	ML	001

CODE DE PRODUIT PRODUCT CODE	COMMANDE ORDERED	EXPÉDIE SHIPPED	DESCRIPTION	POIDS WEIGHT	PRIX PRICE	PAR PER *	MONTANT AMOUNT
			**MILL TEST REQUIS**				
	256	EX	ALU PLATE 6061-T6 .062" (14G) 8 X 4' X 8'	256.00	EP		
	96	126	HEAT: 661445 ALU PLATE 6061-T6 0.032" (20G) 2 X 4' X 12'	96.00			
	192	44	HEAT: 661446 ALU PLATE 6061-T6 .080" (12G) 4 X 4' X 12'	192.00	34		
FAL 142	20	1x20	HEAT: 372102 AL FLAT 3/4 X 2	35.24	44		
PSS48260	8	EX	HEAT: 52402 S.S. 304 2B 26 JA 48 X 96 8 X 4' X 8'	200.00	81		

\* Unités de mesure : CLB Cent livres Hundred pounds • CPI Cent pieds Unit • UN Unit • PI Pied Foot • PC Pied carré Square foot

CONDITIONS :

LES MATÉRIAUX LIVRÉS ET FACTURÉS TELS QUE DÉCRITS DEMEURENT LA PROPRIÉTÉ DE "ACIER CAMP I INC." JUSQU'À PARFAIT PAIEMENT COMPLET ENCAISSÉ. • LES RISQUES DE PERTES DU BIEN SONT À LA CHARGE DE L'ACHETEUR. • LA GARANTIE DE QUALITÉ DU MATÉRIEL EST LA MÊME QUE CELLE DU FABRICANT. • L'ACHETEUR S'ENGAGE À RESPECTER LES CONDITIONS SUIVANTES : NET 30 JOURS DE LA DATE DE FACTURATION, ET TOUT COMPTE IMPAYÉ DANS LES 30 JOURS ENTRAÎNE DES FRAIS DE 2% PAR MOIS (24% PAR ANNÉE) QU'IL ACCEPTE DE PAYER. • TOUT DÉFAUT D'EXÉCUTION L'UNE OU L'AUTRE DES OBLIGATIONS EN VERTU DU PRÉSENT CONTRAT ENTRAÎNE LA DÉCHÉANCE DU TERME ET PERMET AU VENDEUR, À SON CHOIX, DE RÉCLAMER LE TOUT SOLDE DU PRIX DE VENTE OU DE REPRISE LE BIEN VENDU. • TOUTE RÉCLAMATION DOIT ÊTRE FAITE DANS LES CINQ JOURS SUR PRÉSENTATION DE CE DOCUMENT. • TOUTE MARCHANDISE ENDOMMAGÉE, ALTÉRÉE OU COUPÉE NE PEUT ÊTRE REPRISE. • AUCUN RETOUR DE MARCHANDISE NE SERA ACCEPTÉ SANS NOTRE AUTORISATION. • TOUTE MARCHANDISE RETOURNÉE EST SUJETTE À DES FRAIS DE MANUTENTION DE 25%.

CONDITIONS:

ALL SOLD AND DELIVERED MATERIALS REMAIN THE PROPERTY OF "ACIER CAMP I INC." UNTIL PAYMENT IS MADE IN FULL, COMPLETE AND CASHED. ALL LOST MATERIALS ARE AT THE BUYER'S EXPENSE. • ALL MATERIALS BEAR THE SAME WARRANTY AS GIVEN BY THE MANUFACTURER. THE BUYER HEREBY ACCEPTS TO RESPECT THE FOLLOWING CONDITIONS: NET 30 DAYS FROM BILLING DATE AND THE BUYER ACCEPTS TO PAY ADMINISTRATION CHARGES OF 2% PER MONTH OR 24% PER ANNUM ON ALL PAST DUE ACCOUNTS OVER 30 DAYS. • ANY DEFAULT IN RESPECT WITH THIS CONTRACT WILL LEAD TO PAYMENT BY ACCELERATION AND PERMITS TO THE SELLER, AT HIS CHOICE TO CLAIM FOR THE BALANCE DUE OR THE REPOSSESSION OF THE GOODS SOLD. • ANY CLAIM MUST BE MADE WITHIN FIVE DAYS WITH THIS DOCUMENT ENCLOSED. • ANY MERCHANDISE THAT HAS BEEN DAMAGED, CUT OR MODIFIED CANNOT BE RETURNED. • ALL GOODS RETURNED MUST BE WITH OUR AUTHORIZATION AND ARE SUBJECT TO A 25% RESTOCKING CHARGE.

MARCHANDISE REÇUE EN BONNE CONDITION MERCHANDISE RECEIVED IN GOOD CONDITION

PRÉPARÉ / PREPARED. VÉRIFIÉ / VERIFIED  
PAR PS PAR DO

LIVRÉ / DELIVERED HEURE / TIME  
PAR MB 10 05

SIGNATURE DU CLIENT / CUSTOMER'S SIGNATURE  
DATE 12/09/12

N° ENR. TPS / GST REG. N° R 135 534 717 • N° ENR. TVQ / QST REG. N° 1 015 668 543

SOUS-TOTAL  
SUB TOTAL

T.P.S.  
G.S.T.

T.V.Q. / T.V.H.  
Q.S.T. / H.S.T.

TOTAL

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

**FAULT CATEGORY**

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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935, boul. du Havre  
Valleyfield (Québec)  
J6S 5L1

**TÉLÉPHONE : 450 377-4248**  
**FAX : 450 377-5696**

**MONTREAL : 514 336-4248**  
**FAX : 514 336-4246**

**DISTRIBUTEUR D'ACIER ET MÉTAUX SPÉCIALISÉS**  
**STEEL AND SPECIALTY METALS DISTRIBUTOR**

**ONTARIO : 1 800 667-4248**  
**FAX : 1 866 456-4242**

*On a du Savoir "FER"*

**VENDU À / SOLD TO:**

EXPÉDIEZ À / SHIP TO:

613-632-5200

613--632-1053

DART AEROSPACE LTD  
1270 ABERDEEN STREET  
HAWKESBURY,  
ONTARIO  
L6A 1K7

DART AEROSPACE LTD  
1270 ABERDEEN STREET  
HAWKESBURY,  
ONTARIO  
K6A 1K7

COMMANDE  
ORDER

Nº 205025

DATE \_\_\_\_\_

18/09/12

**BON DE LIVRAISON** N°  
**PACKING SLIP**

DATE DE LIVRAISON  
DELIVERY DATE

21/09/12

VOTRE N° DE COMMANDE / YOUR P.O. N°	VEND. / SALESM.	CODE CLIENT / CUST. CODE	EXPEDIE PAR / SHIP VIA	TERMES / TERMS	TERR.	REMARQUES / REMARKS	PAGE N°
P017925	V	DAER		NET 30 JOURS	PR		002

CODE DE PRODUIT PRODUCT CODE	COMMANDE ORDERED	EXPÉDIE SHIPPED	DESCRIPTION	POIDS WEIGHT	PRIX PRICE	PAR PER *	MONTANT AMOUNT
			HEAT: YUI22541		EP		
				2	349P		
		2x 7x4					
		4x					
					81		
		1x20					
		2x					

\* Unités de mesure : CLB Cent livres • CPI Centpieds • UN Unité • PI Pied • PC Pied carré  
Units of measure: Hundred pounds Hundred feet Unit Foot Square foot

## CONDITIONS

**LES MATERIAUX LIVRES ET FACTURES TELS QUE DECRITS DEMEURENT LA PROPRIÉTÉ DE "ACIER CAMPI INC.", JUSQU'À PARFAIT PAIEMENT COMPLET EN CASH. - LES RISQUES DE PERTES DU BIEN SONT À LA CHARGE DE L'ACHETEUR. - LA GARANTIE DE QUALITÉ DU MATÉRIEL EST LA MÊME QUE CELLE EN CASH. - LA CAUTION S'ENGAGE À RESPECTER LES CONDITIONS SUIVANTES : NET 30 JOURS DE LA DATE DE FACTURATION, ET TOUT COMPTE IMPRÉVU DANS LES 30 JOURS ENVIÉ À L'ACHETEUR (PAS DE DÉLAIS) QU'IL CROIT ÊTRE À PAYER. - TOUT DÉFAUT D'EXÉCUTION L'UNE OU L'AUTRE DES OBLIGATIONS EN VERTU DU PRÉSENT CONTRAT ENTRAINERA LA DÉCLARATION D'ACHETEUR À SON CHARGE, DE RÉCLAMER LE TOUT SOLDE DU PRIX DE VENTE OU REPRIRE LE BIEN VENDU. - TOUTE RÉCLAMATION DOUT ÊTRE FAITE DANS LES CINQ JOURS SUIVANT LA DATE DE CÉLÉBRATION DE LA VENTE. - TOUTE MARCHANDISE EN DOMMAGE, ALTÉRÉE OU COUPÉE NE PEUT ÊTRE REPRISE. - AUCUN RETOUR DE MARCHANDISE NE SERA ACCEPTÉ SANS NOTRE AUTORISATION. - TOUTE MARCHANDISE RETOURNÉE EN DÉFAS DE FRAIS DE MANUTENTION 25%.**

## CONDITIONS

**ALL SOLD AND DELIVERED MATERIALS REMAIN THE PROPERTY OF "ACER CAMP, INC." UNTIL PAYMENT IS MADE IN FULL, COMPLETE AND CASHED. ALL LOSS MATERIALS ARE AT THE BUYERS EXPENSE. • ALL MATERIALS BEAR THE SAME WARRANTY-AS GIVEN BY THE MANUFACTURER. THE BUYER HEREBY ACCEPTS TO RESPECT THE FOLLOWING CONDITIONS: NET 30 DAYS FROM BILLING DATE AND THE BUYER ACCEPTS TO PAY WITHIN 30 DAYS AFTER RECEIPT OF GOODS OR 2% PER MONTHLY OR 24% PER ANNUM ON ALL PAST DUE ACCOUNTS OVER 30 DAYS. • ANY DEFAULT IN RESPECT WITH THIS CONTRACT WILL LEAD TO PAYMENT OF ACCELERATION AND PERMITS TO THE SELLER, AT HIS CHOICE TO CLAIM FOR THE BALANCE DUE OR THE REPOSSESSION OF THE GOODS SOLD. • ANY CLAIM MUST BE MADE WITHIN 90 DAYS WITH THIS DOCUMENT ENCLOSED. • ANY MERCHANDISE THAT HAS BEEN DAMAGED, CUT OR MODIFIED CANNOT BE RETURNED. • ALL GOODS RETURNED MUST BE WITH OUR AUTHORIZATION AND ARE SUBJECT TO A 25% RESTOCKING CHARGE**

MARCHANDISE RECUE EN BONNE CONDITION MERCHANDISE RECEIVED IN GOOD CONDITION

PRÉPARÉ / PREPARED.	VÉRIFIÉ / VERIFIED
---------------------	--------------------

LIVRÉ / DELIVERED

HEURE / TIME

PAR  
BY

**VÉRIFIÉ / VERIFIED**

PAR  
PV

PAR

10-50

N° ENR. TPS / GST REG. N° R 135 534 717 • N° ENR. TVQ / QST REG. N° 015 668 543

SIGNATURE DU CLIENT / CUSTOMER'S SIGNATURE

DATE

**SOUS-TOTAL**  
**SUB TOTAL**

T.P.S.  
G.S.T.

T.V.Q. / T.V.H.  
Q.S.T. / H.S.T.

**TOTAL**

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

**FAULT CATEGORY**

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
---	---	---	--	---

# CERTIFIED INSPECTION REPORT

We hereby certify that the material covered by this certificate has been inspected with, and has been found to meet the applicable requirements described therein, including any specifications forming a part of the description and that samples representative of the material met the composition limits and had the mechanical properties shown on the face of this sheet.

This test report shall not be reproduced except in full, without the written approval of the Quality Department. No alteration, addition or other change is authorized to be made to this certificate. The recording of false, fictitious, or otherwise fraudulent statements or entries on this certificate by any recipient may be punished as a felony under applicable law.

Per

Miccolm Murphy  
Director of Manufacturing Davenport Works

Terrence Thom  
Quality Assurance Manager

Page 1 of 2

Ship From:

1292286	0			
Ship Date	B.L. No.	Invoice No.	Alcoa No.	Item
2011-09-23	6372211	00000	1000313588-2	DCE 13588-2
P.O. No./Govt Contract No.	Customer	Alcoa Item		
C64144 Ln#: 2				

Ship To:

Item Description

0.063 IN TK (+0.0000 -.0035) X 48.0 IN W (+.125 - .125) X 96.0 IN LN (+.125 -.125) (N) A/T 6361-  
T6 FLAT SHEET FOR DISTRIBUTORS  
TOLERANCE GUARANTEED. AMS4027 REV N EXC\_MRK ASME-SR-  
209 REV 10 EXC\_MRK ASTM B209 REV 10  
CMMP025 REV S ((MARKED)) KRAFT PAPER  
INTERLEAVED MAX GROSS  
SKID WGT: 4500 LB QUAN TOL +/-30 %  
CQR 0224418 REV 05 CUST REQ 11-09-  
20 \*\*\* W/E 11-11-05 \*\*\*

Num	Package Ticket	Lot	Weight	Quantity	UOM	Inspector Clock Numbers
1	330910	661445	4199	154	PC	27809 46993 D103422
2	330957	661445	4163	154	PC	27809 46993 D103423
3	330974	661445	4199	154	PC	27809 46993 D103424
4	330975	661445	3	2	PC	27809 46993 D103627
			12564	464		

Notes for CQR: 0224418.5

PRODUCT PRODUCED TO THE REQUIREMENTS OF AMS4027 REV N ALSO MEET THE REQUIREMENTS OF AMS-QQ-A-250\_11 ORIGINAL REVISION DATED 1997-08-01.

CQR: 0224418.5 -Specification Limits

Impr	Dir	UTS	TYS	EL4D
T6	Long Transv.	KSI	KSI	PCT
	Max			
	Min	42.0	35.0	10

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  <div style="display: flex; justify-content: space-around;"> <span>Rework <input type="checkbox"/></span> <span>Skid-tube <input type="checkbox"/></span> <span>Crosstube <input type="checkbox"/></span> <span>Water Jet <input type="checkbox"/></span> <span>Engineering <input type="checkbox"/></span> </div> <div style="display: flex; justify-content: space-around;"> <span>Scrap <input type="checkbox"/></span> <span>Machining <input type="checkbox"/></span> <span>Small Fab <input type="checkbox"/></span> <span>Prod. Eng. Coord. <input type="checkbox"/></span> <span>Quality <input type="checkbox"/></span> </div> <div style="display: flex; justify-content: space-around;"> <span>Use-as-is <input type="checkbox"/></span> <span>Thermoforming <input type="checkbox"/></span> <span>Finishing <input type="checkbox"/></span> <span>Rec/Store/Packaging <input type="checkbox"/></span> <span>Other <input type="checkbox"/></span> </div> <div style="display: flex; justify-content: space-around;"> <span>Work Order Update <input type="checkbox"/></span> <span>Large Fab <input type="checkbox"/></span> <span>Composite <input type="checkbox"/></span> <span>Supplier <input type="checkbox"/></span> </div>		<b>AGAINST DEPARTMENT/PROCESS</b>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Material <input type="checkbox"/>												
Setup <input type="checkbox"/>												
Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
FAULT CATEGORY												
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	



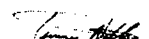
# CERTIFIED INSPECTION REPORT

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Per:

  
Malcolm Murphy  
Director of Manufacturing Davenport Works

  
Terrence Thom  
Quality Assurance Manager

Ship From:

1292286	0			
Ship Date	B.L. No.	Invoice No.	Alcoa No.	Item
2011-09-23	6372211	00000	1000313588-2	DCE-13588-2
P.O. No./Govt Contract No.	Customer	Alcoa Item		
C64144 Ln#: 2				

Page 2 of 2

CQR: 0224418.5 -Specification Limits (cont.) -----

Chemical Composition		SI	FE	CU	MN	MG	CR	ZN	TI	Other Each	Other Total	Aluminum
Alloy 6061	Max	0.8	0.7	0.40	0.15	1.2	0.35	0.25	0.15	0.05	0.15	
Lot: 661445	Min	0.40		0.15		0.8	0.04					

- Mechanical, Physical, Metallography, Quantometer Results -----

Test		No->	UTS	TYS	EL4D
Tmpr	Dir	Test	KSI	KSI	PCT
T6	Long Transv.	2	49.9	44.8	10.1
			50.5	45.1	10.3

Cast Number	Chemical - OES	SI	FE	CU	MN	MG	CR	ZN	TI
H9359052	Actuals	0.66	0.4	0.24	0.07	0.9	0.15	0.02	0.02

This material was melted in the United States or a Qualifying Country [REF DFARS 225.872.1(a)]; it was manufactured in the United States

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  <div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> Rework  <input type="checkbox"/> Scrap  <input type="checkbox"/> Use-as-is  <input type="checkbox"/> Work Order Update         </div> <div> <input type="checkbox"/> Skid-tube  <input type="checkbox"/> Machining  <input type="checkbox"/> Thermoforming  <input type="checkbox"/> Large Fab         </div> <div> <input type="checkbox"/> Crosstube  <input type="checkbox"/> Small Fab  <input type="checkbox"/> Finishing  <input type="checkbox"/> Composite         </div> <div> <input type="checkbox"/> Water Jet  <input type="checkbox"/> Prod. Eng. Coord.  <input type="checkbox"/> Rec/Store/Packaging  <input type="checkbox"/> Supplier         </div> <div> <input type="checkbox"/> Engineering  <input type="checkbox"/> Quality  <input type="checkbox"/> Other         </div> </div>
--	--

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
---	---	---

☐ Ovalized  
☐ Over/Under tolerance  
☐ Part Incorrect  
☐ Part Lost/Missing  
☐ Part Moved  
☐ Positioned Wrong  
☐ Power Loss/Surge

☐ Pressure/Forced  
☐ Temperature/Cure  
☐ Weld  
☐ Wrong Stock Pulled  
☐ Other

# CERTIFIED INSPECTION REPORT

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Malcolm Murphy  
Director of Manufacturing Davenport Works

Terrence Thom  
Quality Assurance Manager

Page 1 of 2

Ship From:

1284232	0		
Ship Date	B.L. No.	Invoice No.	Alcoa No. Item
2011-08-30	6312469	00000	1000300400-1 100-00400-1
P.O. No./Govt Contract No.	Customer	Alcoa Item	
C63906 Ln#: 1			

Ship To:

## Item Description

0.032 IN TK (+.0025 -.0025) X 48.0 IN W (+.125 -.125) X 144.0 IN LN (+.15625 -.15625) (N) A/T 6061-T6 FLAT SHEET MILL FINISH, AMS4027 REV N  
EXC MRK ASTM B209 REV 07 CMM P025 REV S  
((MARKED)) KRAFT PAPER INTERLEAVED  
MAX GROSS SKID WGT: 4500 LB QUAN TOL +40 -  
30% CQR 0209857 REV 05 CUST REQ 11-07-30 \*\*\* W/E 11-08-13 \*\*\*

Num	Package Ticket	Weight	Quantity	UOM	Inspector Clock Numbers
1	333971	4070	192	PC	27151 46940 47349 D041955
2	333974	4068	192	PC	27151 46940 47349 D041956
3	333975	4040	192	PC	27151 46940 47349 D041957
4	334033	468	22	PC	27151 46940 47349 D041959
5	334035	529	25	PC	27151 46940 47349 D041961
		13175	623		

Notes for CQR: 0209857.5

PRODUCT PRODUCED TO THE REQUIREMENTS OF AMS4027 REV N ALSO MEET THE REQUIREMENTS OF AMS-QQ-A-250\_11 ORIGINAL REVISION DATED 1997-08-01.

CQR: 0209857.5 -Specification Limits

Temp	Dir	UTS	TYS	EL4D
T6	Long Transv.	KSI	KSI	PCT
	Max			
	Min	42.0	35.0	10

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Skid-tube <input type="checkbox"/></td> <td style="width: 33%;">Crosstube <input type="checkbox"/></td> <td style="width: 33%;">Water Jet <input type="checkbox"/></td> <td style="width: 33%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>						Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>																								
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Process <input type="checkbox"/>																											
Supplier <input type="checkbox"/>																											
Training <input type="checkbox"/>																											
Unapproved <input type="checkbox"/>																											

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Per

Malcolm Murphy  
Director of Manufacturing Davenport Works

Terrence Thom  
Quality Assurance Manager

Page 2 of 2

1284232

0

Ship From:

Ship Date

B.L. No.

Invoice No.

Alcoa No. Item

2011-08-30

6312469

00000

1000300400-1

00E-00400-1

P.O. No./Govt Contract No.

Customer

Alcoa Item

C63906 Ln#: 1

CQR: 0209857.5 -Specification Limits (cont.)

## Chemical Composition

	SI	FE	CU	MN	MG	CR	ZN	TI	Other Each	Other Total	Aluminum
Alloy 6061	Max 0.8	0.7	0.40	0.15	1.2	0.35	0.25	0.15	0.05	0.15	
Lot: 661446	Min 0.40		0.15		0.8	0.04					

- Mechanical, Physical, Metallography, Quantometer Results

REMAIN

Tmpr	Dir	No->	UTS	TYS	EL4D
T6	Long Transv.	Test	KSI	KSI	PCT
		2	50.6	43.3	11.6
			51.7	43.4	12.6

Cast Number	Chemical - OES	SI	FE	CU	MN	MG	CR	ZN	TI
H9356082	Actuals	0.65	0.5	0.24	0.07	1.0	0.15	0.03	0.02

This material was melted in the United States or a Qualifying Country [REF DFARS 225.872.1(a)]; it was manufactured in the United States

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
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Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
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Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

**FAULT CATEGORY**

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Malcolm Murphy  
Director of Manufacturing Davenport Works

Terrence Thom  
Quality Assurance Manager

Page 1 of 2

1345990	0	Ship From:	
Ship Date	B.L. No.	Invoice No.	Alcoa No. Item
2012-02-22	6796432	00000	1000343170-3
P.O. No./Govt Contract No.	Customer	Alcoa Item	
C64518 Ln#: 3		DPE-43170-3	

Ship To:

Item Description  
0.08 IN TK (+0.0000 -.0045) X 48.0 IN W (+.125 -  
 .125) X 144.0 IN LN (+.15625 -.15625) (N) A/T 6061-  
 T6 FLAT SHEET FOR DISTRIBUTORS TOLERANCE  
 GUARANTEED. AMS4027 REV N EXC MRK  
 ASTMB209 REV 10 CMMPO25 REV U ((MARKED))  
 KRAFT PAPER INTERLEAVED  
 MAX GROSS SKID WGT: 4500 LB QUAN TOL +/-  
 30 % CQR 0209523 REV 09 CUST REQ 12-02-  
 11 \*\*\* W/E 12-02-25 \*\*\*

Num	Package Ticket	Lot	Weight	Quantity	UOM	Inspector Clock Numbers
1	384147	372102	4075	79	PC	27725 46940
2	384149	372102	4069	79	PC	27725 46940
3	384182	372102	4069	79	PC	27725 46940
4	384195	372102	448	9	PC	27725 46940
			12661	246		

Notes for CQR: 0209523.9

PRODUCT PRODUCED TO THE REQUIREMENTS OF AMS4027 REV N ALSO MEET THE REQUIREMENTS OF AMS-QQ-A-250\_11 ORIGINAL REVISIO N DATED 1997-08-01.

CQR: 0209523.9 -Specification Limits

Impr	Dir	UTS	TYS	EL4D
T6	Long Transv.	KSI	KSI	PCT
	Max			
	Min	42.0	35.0	10

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Skid-tube <input type="checkbox"/></td> <td style="width: 25%;">Crosstube <input type="checkbox"/></td> <td style="width: 25%;">Water Jet <input type="checkbox"/></td> <td style="width: 25%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>						Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Malcolm Murphy  
Director of Manufacturing Davenport Works

Terrence Thom  
Quality Assurance Manager

1345990

Ship Date

B.L. No.

Invoice No.

Ship From:

Alcoa No. Item

2012-02-22

6796432

00000

1000343170-3

DPE-43170-3

P.O. No./Govt Contract No.

Customer

Alcoa Item

C64518 Ln#: 3

Page 2 of 2

CQR: 0209523.9 -Specification Limits (cont.)

## Chemical Composition

	SI	FE	CU	MN	MG	CR	ZN	TI	Other Each	Other Total
Alloy 6061	Max 0.8	0.7	0.40	0.15	1.2	0.35	0.25	0.15	0.05	Aluminum
Lot: 372102	Min 0.40		0.15		0.8	0.04				0.15

Mechanical, Physical, Metallography, Quantometer Results

REMAIN

Temp	Dir	No-> Test	UTS	TYS	EL4D
T6	Long Transv.	7	KSI	KSI	PCT
			49.8	44.6	10.6
			49.8	44.7	10.4
			49.7	44.6	11
			49.9	44.7	10.1
			49.7	44.6	10.8
			49.7	44.6	10.5
			49.6	44.4	10.5

Cast Number	Chemical - OES	SI	FE	CU	MN	MG	CR	ZN	TI
H2946111	Actuals	0.64	0.5	0.22	0.07	1.0	0.15	0.05	0.02

This material was melted in the United States or a Qualifying Country [REF DFARS 225.872.1(a)]; it was manufactured in the United States

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Skid-tube <input type="checkbox"/></td> <td style="width: 33%;">Crosstube <input type="checkbox"/></td> <td style="width: 33%;">Water Jet <input type="checkbox"/></td> <td style="width: 33%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>						Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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**sapa:**

**Test de dureté Rockwell  
Rockwell Hardness Test**

Client / Customer :

Adresse / Address :

# commande Sapa / Sapa order # : 1100321

# bon de commande / Purchase order # : 35939

# de matrice / Die # : MS 15953

Description : 2x3/4" FLAT BAR

Alliage & trempage / Alloy & temper : 6061 T6

Longueur / Length : 6096 mm

# Contrôle / Control # : 55067-1

# Coulée / Cast # : 52482

Dureté Rockwell E /  
Rockwell E hardness : 94 HRE

Min. requis /  
Min. required : 88 HRE

Max. permis /  
Max. permitted : 100 HRE

Composition chimique typique / Typical chemical composition :


	Si	Fe	Cu	Mn	Mg	Cr	Zn	Ti
6063	0.20 - 0.60	0.35 Max	0.10 Max	0.10 Max	0.45 - 0.90	0.10 Max	0.10 Max	0.10 Max
6005	0.60 - 0.90	0.35 Max	0.10 Max	0.10 Max	0.40 - 0.60	0.10 Max	0.10 Max	0.10 Max
6005A	0.66 - 0.74	0.14 - 0.28	0.08 - 0.16	0.18 - 0.26	0.46 - 0.54	0.03 Max	0.05 Max	0.05 Max
6061	0.40 - 0.80	0.70 Max	0.15 - 0.40	0.15 Max	0.80 - 1.20	0.04 - 0.35	0.25 Max	0.15 Max
6351	0.7 - 1.3	0.5 Max	0.10 Max	0.40 - 0.80	0.40 - 0.80	—	0.20 Max	0.20 Max

Nous certifions que le matériel fourni rencontre les exigences chimiques telles qu'annoncées par la norme ASTM B-221-08 excepté pour la section 8.2 (nombre de spécimen) .

We hereby certify that the material supplied meets the chemical properties as published by the ASTM B-221-08 except for section 8.2 (number of specimen) .

Sincèrement vôtre,  
Yours truly,

date : 2011-11-08



Gilles Pelletier  
Technicien de la qualité  
Quality technician

ENC 342

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width:100%; border: none;"> <tr> <td style="width:25%;">Skid-tube <input type="checkbox"/></td> <td style="width:25%;">Crosstube <input type="checkbox"/></td> <td style="width:25%;">Water Jet <input type="checkbox"/></td> <td style="width:25%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>						Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Unapproved <input type="checkbox"/>																											

FAULT CATEGORY				
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175



# MILL CERTIFICATE

**CUSTOMER**

FEB 01 8

Product: COLD ROLLED STAINLESS STEEL SHEET IN COIL

Certificate: 012051A33

Date: FEB 20, 2019

Order No.: UB1200308

Page 1/2

Specification/Steel Grade: ASTM A240/ASME SA 240-11 S 30400/S 30403  
Surface Finish: 16-2B

5/26/25

1. We hereby certify that material described herein has been manufactured and tested with satisfactory results in accordance with the requirements of the above material specification.  
2. The material described above has been detected with free irradiation.  
3. TUSCO has established a QMS according to ISO 9001 which is certified by DNY CERT (reg. no: 0058-2002-AQ-RoC-RVA)  
4. Inspection and gauge measurement Satisfactory.  
5. The report can only be reproduced in full.  
6. This certificate complies to 3.1/EN EN 10204:2005.  
7. The tests including: "Chemical Composition", "Tensile Test", "Hardness Test", "Bend Test", "Intergranular Attack" (F.K. TEST) have been accredited by A2LA (TESTING CERT 00958.02).

Manager of Quality Assurance Department

Mr. J. Gray

OLBM 122541 PDF

44-A-91

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

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Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID PO17925

Purchase Order Date 9/17/12

PO Print Date 9/18/12

Page Number 1 of 2

Order From :

VC-CAM002

CAMPI STEEL  
935 BOUL. DU HAVRE  
VALLEYFIELD, QC J6S 5L1  
CA

**FAKED**

Contact Name

Vendor Phone 800 667 4248

Vendor Fax 450 377 5696

Vendor Account Nbr

Buyer

Chantal Lavoie

Requisition Nbr

10127-2607

Tax Resale Nbr

Net 30

Terms

Currency

CAD

FOB

Destination-Collect

m123135

Ship To :

DART AEROSPACE LTD

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

REVISED  
QTY -  
item 3

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	M6061T6S.063	6061-T6 .063 Sheet	9/24/12 Yes	✓ 256.00 sf	Yours ppd	\$3.4500	\$883.20
	21						
		Special Inst:	MATERIAL: 6061-T6/T62 ALUMINUM SHEET AS PER QQ-A-250/11 OR AMS-QQ-A-250/11 OR AMS 4025 OR AMS 4027 OR ASTM B209				
2	M6061T6S.032	6061-T6 Sheet 0.032"	9/24/12 Yes	✓ 96.00 sf	Yours ppd	\$4.6000	\$441.60
	021						
		Special Inst:	MATERIAL: 6061-T6/T62 ALUMINUM SHEET AS PER QQ-A-250/11 OR AMS-QQ-A-250/11 OR AMS 4025 OR AMS 4027 OR ASTM B209				
3	M6061T6S.080	6061-T6 .080 Sheet	9/24/12 Yes	✓ 192.00 sf	Yours ppd	\$3.7500	\$720.00
	021						

No substitution or deviation without consent.  
Certificate of Conformity or Material Certification required - YES NO

Change Nbr:

4

Change Date: 9/18/12

4/2/12

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

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Page Number 2 of 2

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VALLEYFIELD, QC J6S 5L1  
CA

Contact Name

Vendor Phone 800 667 4248

Vendor Fax 450 377 5696

Vendor Account Nbr

Buyer

Chantal Lavoie

Requisition Nbr

10127-2607

Tax Resale Nbr

Net 30

Terms

CAD

Currency

Destination-Collect

FOB

Special Inst: MATERIAL: 6061-T6/T62 ALUMINUM  
SHEET  
AS PER QQ-A-250/11 OR AMS-QQ-A-  
250/11 OR  
AMS 4025 OR AMS 4027 OR ASTM B209

4 M6061T6B0.750X02.000 6061-T6 Bar .750 x 2.00 9/24/12 20.00 Yours ppd \$4.5805 \$91.61  
Yes f

03

Special Inst: MATERIAL: 6061-  
T6/T651/T6510/T6511/T62 ALUMINUM  
BAR  
AS PER QQ-A-225/8 OR AMS-QQ-A-225/8  
OR AMS 4117/4128/4115/4116  
OR QQ-A-200/8 OR AMS-QQ-A-200/8 OR  
AMS 4160 OR ASTM B211 OR  
ASTM B221

5 M304S26GA 304/316 0.018 SHEET 9/24/12 256.00 Yours ppd \$2.6480 \$677.90  
Yes sf

020

Special Inst: MATERIAL: AISI 304/316 SS SHEET  
ANNEALED 2B FINISH  
AS MIL-S-5059 OR AMS 5513 (304) OR  
AMS 5524 (316)  
OR ASTM A240 OR ASME SA240

Aug 17/25

PO Total:

\$2,814.31

Change Nbr: 4

Change Date: 9/18/12

No substitution or deviation without  
consent.  
Certificate of Conformity or Material  
Certification required YES NO

NCR: Yes / No

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